



NORTHWEST NATURALS

CONSUMER RETURNS FORM

One UPC per form

All information is Required.

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Date _____

Signature _____

Product Information _____

Manufacturers Name _____

Product Returned _____ Size _____

Date Code(s) _____

Reason for Return _____

RETAILER INFORMATION

Name _____

Location _____

City _____ State _____ Zip _____

To receive 100% credit for consumer returns:

All information must be complete and accurate.

Complete this information, attach the UPC from the product to the back of this form and return with your delivery driver.

Defective Product - This form must be filled out completely

Photo with description and copy of invoice must be sent to the manufacturer for approval.

Sales@nwnaturals.net